

# Premiums

# Premiums Contents

Comparison of health plan benefits offered for 2005 .....	214-215
2005 Active Employee Monthly Premiums .....	216
2005 Regular Retiree (Employer-Funded Benefits) Monthly Premiums .....	216
2005 Retiree Full Cost (Non-Funded) Monthly Premiums .....	217
2005 COBRA Monthly Premiums .....	217
2005 Survivor Monthly Premiums .....	218
2005 Monthly Insurance Rates for Part-Time Teachers .....	219
Long Term Care Monthly Premiums - Option 1 (Disability) .....	220
Long Term Care Monthly Premiums - Option 2 (Service Reimbursement) .....	221
Long Term Care Monthly Premiums - Option 3 (Service Reimbursement) .....	222



# Comparison of health plan

Plan	SHP Savings Plan		SHP Standard Plan	
<b>Availability</b>	Coverage Worldwide		Coverage Worldwide	
<b>Active Employee Monthly Premiums<sup>2</sup></b> <i>Employees Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56		\$ 93.46 \$237.50 \$142.46 \$294.58	
<b>Annual Deductible</b> <i>Single</i> <i>Family</i>	\$3,000 \$6,000		\$350 \$700	
<b>Coinsurance</b>	<b>In-network</b> Plan Pays 80% You Pay 20%	<b>Out-of-network</b> Plan Pays 60% You pay 40%	<b>In-network</b> Plan Pays 80% You Pay 20%	<b>Out-of-network</b> Plan Pays 60% You Pay 40 %
<b>Coinsurance Maximum</b> <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	NONE	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)
<b>Physicians Office Visits</b>	Chiropractic payments limited to \$500 a year per person No per-visit deductible or copayments		\$10 per visit deductible then:	
	<b>In-network</b> Plan Pays 80% You Pay 20%	<b>Out-of-network</b> Plan Pays 60% You Pay 40%	<b>In-network</b> Plan Pays 80% You Pay 20%	<b>Out-of-network</b> Plan Pays 60% You Pay 40%
<b>Hospitalization/Emergency Care</b>	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per occurrence deductible	
<b>Prescription Drugs</b>	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable cost.		Participating pharmacies only: \$10 generic \$25 preferred brand \$40 non-preferred brand (up to 31-day supply) Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Out of pocket max: \$2,500	

<sup>1</sup>This table is for comparison purposes only.

<sup>2</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>3</sup>There will be no copayment for services performed at MUSC outpatient facilities.

# benefits offered for 2005<sup>1</sup>

	Companion HMO	CIGNA HMO	MUSC Options	
	Available in all South Carolina counties	Available in all South Carolina counties <b>except:</b> <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester</i> counties	
	<b>\$101.58</b> <b>\$309.24</b> <b>\$226.36</b> <b>\$464.00</b>	<b>\$ 97.80</b> <b>\$296.66</b> <b>\$216.36</b> <b>\$445.34</b>	<b>\$ 99.02</b> <b>\$288.40</b> <b>\$190.34</b> <b>\$374.00</b>	
	<b>\$250</b> <b>\$500</b>	NONE	<b>In-network</b>  NONE	<b>Out-of-network</b> <b>\$300</b> <b>\$900</b>
	HMO pays 90% after copays You pay 10%	HMO pays 80% after copays You pay 20%	<b>In-network</b> HMO pays 100% after copays	<b>Out-of-network</b> HMO pays 60% of allowance You pay 40%
	<b>\$1,500</b> <b>\$3,000</b> <b>(excludes deductible)</b>	<b>\$3,000</b> <b>\$6,000</b> <b>(includes inpatient,</b> <b>outpatient, copays and</b> <b>coinsurance)</b>	N/A	<b>\$3,000</b> <b>\$9,000</b> <b>(excludes deductibles)</b>
	<b>\$15</b> PCP copayment <b>\$15</b> OB/GYN well woman exam <b>\$25</b> specialist copay	<b>\$20</b> PCP copayment <b>\$40</b> OB/GYN well woman exam <b>\$40</b> specialist copay	<b>\$15</b> PCP copay <b>\$15</b> OB/GYN well woman exam <b>\$25</b> specialist copay with referral <b>\$45</b> specialist copay without referral	HMO pays 60% of allowance after annual deductible You pay 40%  No preventive care benefits out-of- network
	Inpatient: <b>\$200</b> copay Outpatient: <b>\$75</b> copay/first 3 visits Emergency Care: <b>\$100</b> copay HMO pays 90% after copays You pay 10% <b>\$35</b> urgent care copay, then HMO pays 100%	Inpatient: <b>\$500</b> copay Outpatient facility: <b>\$250</b> copay Emergency care: <b>\$100</b> copay	Inpatient: <b>\$300</b> copay Outpatient Facility: <b>\$100<sup>3</sup></b> copay Emergency Care: <b>\$100</b> copay <b>\$35</b> urgent care copay	HMO pays 60% of allowance after annual deductible You pay 40%  Emergency care: <b>\$100</b> copay
	Participating Pharmacies only <b>\$8</b> generic <b>\$25</b> preferred brand <b>\$40</b> non-preferred brand <b>\$75</b> specialty pharmaceuticals (31-day supply) Mail order (Up to 90-day supply): <b>\$16</b> generic, <b>\$50</b> preferred brand, <b>\$80</b> non- preferred brand	Participating pharmacies only: <b>\$7</b> generic <b>\$25</b> preferred brand <b>\$50</b> non-preferred brand (up to 30-day supply) Mail order (up to 90-day supply): <b>\$14</b> generic, <b>\$50</b> preferred brand, <b>\$100</b> non- preferred brand	Participating pharmacies only: <b>\$10</b> generic <b>\$25</b> preferred brand <b>\$40</b> non-preferred brand (31-day supply) Mail order (90-day supply): <b>\$15</b> generic, <b>\$50</b> preferred brand, <b>\$80</b> non-preferred brand	

**2005 Active Employee Monthly Premiums<sup>1</sup>**  
**State Health Plan**

	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Employee	\$ 9.28	\$ 93.46	\$101.58	\$ 97.80	\$ 99.02	\$ 0.00	\$ 0.00	\$17.50
Employee/spouse	\$ 72.56	\$237.50	\$309.24	\$296.66	\$288.40	\$ 0.00	\$ 7.64	\$33.14
Employee/children	\$ 20.28	\$142.46	\$226.36	\$216.36	\$190.34	\$ 0.00	\$13.72	\$36.16
Full family	\$108.56	\$294.58	\$464.00	\$445.34	\$374.00	\$ 0.00	\$21.34	\$51.80

<sup>1</sup>Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

**2005 Regular Retiree (Employer-Funded Benefits) Monthly Premiums<sup>1</sup>**  
**(Retiree eligible for Medicare/spouse eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$ 78.74	\$ 96.74	\$101.58	\$ 97.80	N/A	N/A	\$ 0.00	\$17.50
Retiree/spouse	N/A	\$210.44	\$246.44	\$309.24	\$296.66	N/A	N/A	\$ 7.64	\$33.14
Retiree/children	N/A	\$127.74	\$145.74	\$226.36	\$216.36	N/A	N/A	\$13.72	\$36.16
Full family	N/A	\$259.44	\$295.44	\$464.00	\$445.34	N/A	N/A	\$21.34	\$51.80

**(Retiree eligible for Medicare/spouse not eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$222.78	\$240.78	\$309.24	\$296.66	N/A	N/A	\$ 7.64	\$33.14
Full family	N/A	\$271.78	\$289.78	\$464.00	\$445.34	N/A	N/A	\$21.34	\$51.80

**(Retiree not eligible for Medicare/spouse eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$ 72.56	\$225.16	\$243.16	\$309.24	\$296.66	\$288.40	N/A	\$ 7.64	\$33.14
Full family	\$108.56	\$274.16	\$292.16	\$464.00	\$445.34	\$374.00	N/A	\$21.34	\$51.80

**(Retiree not eligible for Medicare/spouse not eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$ 9.28	\$ 93.46	N/A	\$101.58	\$ 97.80	\$ 99.02	\$0.00	\$ 0.00	\$17.50
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$309.24	\$296.66	\$288.40	\$0.00	\$ 7.64	\$33.14
Retiree/children	\$ 20.28	\$142.46	N/A	\$226.36	\$216.36	\$190.34	\$0.00	\$13.72	\$36.16
Full family	\$108.56	\$294.58	N/A	\$464.00	\$445.34	\$374.00	\$0.00	\$21.34	\$51.80

**(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$226.36	\$216.36	\$190.34	N/A	\$13.72	\$36.16
Full family	\$108.56	\$294.58	\$312.58	\$464.00	\$445.34	\$374.00	N/A	\$21.34	\$51.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard plan provisions.

## 2005 Retiree Full Cost (Non-Funded) Monthly Premiums<sup>1</sup>

(Retiree eligible for Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$300.32	\$318.32	\$323.16	\$319.38	N/A	N/A	\$11.71	\$17.50
Retiree/spouse	N/A	\$642.04	\$678.04	\$740.84	\$728.26	N/A	N/A	\$19.35	\$33.14
Retiree/children	N/A	\$440.34	\$458.34	\$538.96	\$528.96	N/A	N/A	\$25.43	\$36.16
Full family	N/A	\$762.90	\$798.90	\$967.46	\$948.80	N/A	N/A	\$33.05	\$51.80

(Retiree eligible for Medicare/spouse not eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$654.38	\$672.38	\$740.84	\$728.26	N/A	N/A	\$19.35	\$33.14
Full family	N/A	\$775.24	\$793.24	\$967.46	\$948.80	N/A	N/A	\$33.05	\$51.80

(Retiree not eligible for Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$504.16	\$656.76	\$674.76	\$740.84	\$728.26	\$720.00	N/A	\$19.35	\$33.14
Full family	\$612.02	\$777.62	\$795.62	\$967.46	\$948.80	\$877.46	N/A	\$33.05	\$51.80

(Retiree not eligible for Medicare/spouse not eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$230.86	\$315.04	N/A	\$323.16	\$319.38	\$320.60	\$ 63.50	\$11.71	\$17.50
Retiree/spouse	\$504.16	\$669.10	N/A	\$740.84	\$728.26	\$720.00	\$122.50	\$19.35	\$33.14
Retiree/children	\$332.88	\$455.06	N/A	\$538.96	\$528.96	\$502.94	\$122.50	\$25.43	\$36.16
Full family	\$612.02	\$798.04	N/A	\$967.46	\$948.80	\$877.46	\$163.50	\$33.05	\$51.80

(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$332.88	\$455.06	\$473.06	\$538.96	\$528.96	\$502.94	N/A	\$25.43	\$36.16
Full family	\$612.02	\$798.04	\$816.04	\$967.46	\$948.80	\$877.46	N/A	\$33.05	\$51.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

## 2005 COBRA Monthly Premiums

**18 and 36 months**

	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$235.48	\$321.34	\$329.62	\$325.78	\$327.02	N/A	\$11.94	\$17.85
Subscriber/spouse	\$514.24	\$682.48	\$755.66	\$742.84	\$734.40	N/A	\$19.74	\$33.80
Subscriber/children	\$339.54	\$464.16	\$549.74	\$539.54	\$513.00	N/A	\$25.94	\$36.88
Family	\$624.26	\$814.00	\$986.82	\$967.78	\$895.02	N/A	\$33.71	\$52.84
Children (to age 18)	\$104.06	\$142.82	\$220.12	\$213.76	\$185.98	N/A	\$13.99	\$19.03

**29 months** (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers.)

	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$346.30	\$ 472.56	\$ 484.74	\$ 479.08	\$ 480.90	N/A	\$11.94	\$17.85
Subscriber/spouse	\$756.24	\$ 1,003.66	\$1,111.26	\$1,092.40	\$1,080.00	N/A	\$19.74	\$33.80
Subscriber/children	\$499.32	\$ 682.60	\$ 808.44	\$ 793.44	\$ 754.42	N/A	\$25.94	\$36.88
Family	\$918.04	\$ 1,197.06	\$1,451.20	\$1,423.20	\$1,316.20	N/A	\$33.71	\$52.84
Children (to age 18)	\$153.02	\$ 210.04	\$ 323.70	\$ 314.36	\$ 273.52	N/A	\$13.99	\$19.03

**2005 Survivor Monthly Premiums<sup>1</sup>**  
**(Spouse eligible for Medicare/children eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$300.32	\$318.32	\$323.16	\$319.38	N/A	N/A	\$11.71	\$17.50
Spouse/children	N/A	\$440.34	\$476.34	\$538.96	\$528.96	N/A	N/A	\$25.43	\$36.16
Children only	N/A	\$140.02	\$158.02 <sup>3</sup>	\$215.80	\$209.58	N/A	N/A	\$13.72	\$18.66

**(Spouse eligible for Medicare/children not eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$300.32	\$318.32	\$323.16	\$319.38	N/A	N/A	\$11.71	\$17.50
Spouse/children	N/A	\$440.34	\$458.34	\$538.96	\$528.96	N/A	N/A	\$25.43	\$36.16
Children only	\$102.02	\$140.02	N/A	\$215.80	\$209.58	\$182.34	N/A	\$13.72	\$18.66

**(Spouse not eligible for Medicare/children eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$230.86	\$315.04	N/A	\$323.16	\$319.38	\$320.60	N/A	\$11.71	\$17.50
Spouse/children	\$332.88	\$455.06	\$473.06	\$538.96	\$528.96	\$502.94	N/A	\$25.43	\$36.16
Children only	N/A	\$140.02	\$158.02 <sup>3</sup>	\$215.80	\$209.58	N/A	N/A	\$13.72	\$18.66

**(Spouse not eligible for Medicare/children not eligible for Medicare)**

	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	COMPANION	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$230.86	\$315.04	N/A	\$323.16	\$319.38	\$320.60	\$ 63.50	\$11.71	\$17.50
Spouse/children	\$332.88	\$455.06	N/A	\$538.96	\$528.96	\$502.94	\$122.50	\$25.43	\$36.16
Children only	\$102.02	\$140.02	N/A	\$215.80	\$209.58	\$182.34	\$ 63.50	\$13.72	\$18.66

<sup>1</sup>Plan premiums for spouses and dependents will be waived for one year after the death of the funded employee or retiree for those covered as dependents under the Plan at the time of death.

<sup>2</sup>If the Medicare Supplemental plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard plan provisions.

<sup>3</sup>This premium applies only if one or more children are eligible for Medicare.



# 2005 Monthly Insurance Rates for Part-time Teachers

## Health

### Category I. 15-19 Hours

COVERAGE LEVEL						EMPLOYER	EMPLOYEE	EMPLOYER
	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC		TRICARE SUPPLEMENT	TRICARE SUPPLEMENT
Employee	\$120.08	\$204.26	\$212.38	\$208.60	\$209.82	\$110.80	\$ 0.00	\$ 63.50
Employee/spouse	\$288.36	\$453.30	\$525.04	\$512.46	\$504.20	\$215.80	\$ 0.00	\$122.50
Employee/children	\$176.58	\$298.76	\$382.66	\$372.66	\$346.64	\$156.30	\$ 0.00	\$122.50
Full family	\$360.30	\$546.32	\$715.74	\$697.08	\$625.74	\$251.74	\$ 0.00	\$163.50

### Category II. 20-24 Hours

COVERAGE LEVEL						EMPLOYER	EMPLOYEE	EMPLOYER
	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC		TRICARE SUPPLEMENT	TRICARE SUPPLEMENT
Employee	\$ 82.40	\$166.58	\$174.70	\$170.92	\$172.14	\$148.46	\$ 0.00	\$ 63.50
Employee/spouse	\$215.00	\$379.94	\$451.68	\$439.10	\$430.84	\$ 289.18	\$ 0.00	\$122.50
Employee/children	\$123.44	\$245.62	\$329.52	\$319.52	\$293.50	\$209.44	\$ 0.00	\$122.50
Full family	\$274.70	\$460.72	\$630.14	\$611.48	\$540.14	\$337.32	\$ 0.00	\$163.50

### Category III. 25-29 Hours

COVERAGE LEVEL						Employer	EMPLOYEE	EMPLOYER
	SAVINGS	STANDARD	COMPANION	CIGNA	MUSC		TRICARE SUPPLEMENT	TRICARE SUPPLEMENT
Employee	\$ 46.96	\$131.14	\$139.26	\$135.48	\$136.70	\$183.92	\$ 0.00	\$ 63.50
Employee/spouse	\$145.94	\$310.88	\$382.62	\$370.04	\$361.78	\$358.24	\$ 0.00	\$122.50
Employee/children	\$ 73.42	\$195.60	\$279.50	\$269.50	\$243.48	\$259.46	\$ 0.00	\$122.50
Full family	\$194.16	\$380.18	\$549.60	\$530.94	\$459.60	\$417.88	\$ 0.00	\$163.50

## Dental

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS
Employee	\$ 5.86	\$ 5.85	\$17.50	\$ 3.86	\$ 7.85	\$17.50	\$ 2.00	\$ 9.71	\$17.50
Employee/spouse	\$13.50	\$ 5.85	\$33.14	\$11.50	\$ 7.85	\$33.14	\$ 9.64	\$ 9.71	\$33.14
Employee/children	\$19.58	\$ 5.85	\$36.16	\$17.58	\$ 7.85	\$36.16	\$15.72	\$ 9.71	\$36.16
Full family	\$27.20	\$ 5.85	\$51.80	\$25.20	\$ 7.85	\$51.80	\$23.34	\$ 9.71	\$51.80

# Long Term Care Monthly Premiums\* - Option 1 (Disability)

2005 LONG TERM CARE RATES*							
OPTION 1 (Disability)							
Return of Contribution Excluded				Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.20	60	6.64	20	0.22	60	7.20
21	0.24	61	7.18	21	0.24	61	7.72
22	0.26	62	7.76	22	0.26	62	8.28
23	0.28	63	8.38	23	0.28	63	8.90
24	0.30	64	9.08	24	0.32	64	9.56
25	0.34	65	9.84	25	0.36	65	10.26
26	0.38	66	10.66	26	0.40	66	11.16
27	0.40	67	11.54	27	0.42	67	12.16
28	0.44	68	12.52	28	0.46	68	13.28
29	0.48	69	13.56	29	0.52	69	14.48
30	0.54	70	14.72	30	0.56	70	15.84
31	0.58	71	15.98	31	0.62	71	17.34
32	0.62	72	17.32	32	0.68	72	19.00
33	0.70	73	18.80	33	0.74	73	20.82
34	0.76	74	20.38	34	0.82	74	22.88
35	0.82	75	22.16	35	0.90	75	25.14
36	0.90	76	24.08	36	0.98	76	27.68
37	0.98	77	26.12	37	1.08	77	30.46
38	1.08	78	28.30	38	1.18	78	33.50
39	1.18	79	30.44	39	1.30	79	36.60
40	1.30	80	32.52	40	1.42	80	39.76
41	1.40	81	34.44	41	1.56	81	42.84
42	1.54	82	36.14	42	1.72	82	45.82
43	1.68	83	37.60	43	1.88	83	48.60
44	1.84	84	38.92	44	2.06	84	51.30
45	2.00	85	40.12	45	2.24	85	53.92
46	2.18	86	41.20	46	2.44	86	56.46
47	2.36	87	42.18	47	2.64	87	58.92
48	2.56	88	43.02	48	2.88	88	61.32
49	2.78	89	43.84	49	3.10	89	63.80
50	3.02	90+	44.66	50	3.36	90+	66.46
51	3.24			51	3.66		
52	3.52			52	3.94		
53	3.82			53	4.26		
54	4.14			54	4.62		
55	4.48			55	4.98		
56	4.84			56	5.38		
57	5.26			57	5.80		
58	5.68			58	6.24		
59	6.14			59	6.70		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

# Long Term Care Monthly Premiums\* - Option 2 (Service Reimbursement)\*\*

2005 LONG TERM CARE RATES*							
OPTION 2 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.28	60	5.02	20	0.28	60	5.14
21	0.28	61	5.52	21	0.30	61	5.66
22	0.30	62	6.06	22	0.32	62	6.22
23	0.34	63	6.70	23	0.34	63	6.86
24	0.36	64	7.40	24	0.36	64	7.54
25	0.38	65	8.06	25	0.38	65	8.22
26	0.40	66	8.90	26	0.42	66	9.10
27	0.44	67	9.90	27	0.46	67	10.16
28	0.48	68	10.70	28	0.50	68	11.00
29	0.54	69	11.60	29	0.56	69	11.96
30	0.58	70	12.62	30	0.58	70	13.04
31	0.62	71	13.76	31	0.64	71	14.28
32	0.68	72	15.04	32	0.70	72	15.68
33	0.72	73	16.44	33	0.74	73	17.26
34	0.78	74	18.02	34	0.80	74	19.06
35	0.84	75	19.78	35	0.88	75	21.08
36	0.90	76	21.74	36	0.92	76	23.38
37	0.98	77	23.94	37	1.00	77	26.04
38	1.04	78	26.34	38	1.06	78	29.00
39	1.10	79	28.92	39	1.14	79	32.26
40	1.18	80	31.48	40	1.20	80	35.62
41	1.24	81	33.80	41	1.28	81	38.80
42	1.32	82	36.02	42	1.36	82	42.00
43	1.40	83	38.44	43	1.46	83	45.60
44	1.48	84	40.60	44	1.54	84	49.14
45	1.58	85	42.46	45	1.66	85	52.48
46	1.68	86	44.54	46	1.74	86	56.34
47	1.78	87	46.30	47	1.84	87	60.02
48	1.90	88	47.74	48	1.98	88	63.56
49	2.04	89	48.94	49	2.12	89	66.96
50	2.16	90+	49.70	50	2.26	90+	69.80
51	2.32			51	2.40		
52	2.46			52	2.58		
53	2.70			53	2.80		
54	2.94			54	3.04		
55	3.20			55	3.30		
56	3.48			56	3.62		
57	3.82			57	3.94		
58	4.16			58	4.32		
59	4.58			59	4.72		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 50 percent home health care benefit payout.

# Long Term Care Monthly Premiums\* - Option 3 (Service Reimbursement)\*\*

2005 LONG TERM CARE RATES*							
OPTION 3 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.42	60	6.90	20	0.42	60	7.06
21	0.44	61	7.56	21	0.44	61	7.76
22	0.46	62	8.32	22	0.46	62	8.48
23	0.48	63	9.18	23	0.50	63	9.34
24	0.52	64	10.14	24	0.52	64	10.30
25	0.56	65	11.00	25	0.58	65	11.18
26	0.60	66	12.14	26	0.62	66	12.36
27	0.66	67	13.48	27	0.68	67	13.76
28	0.72	68	14.58	28	0.72	68	14.90
29	0.78	69	15.78	29	0.80	69	16.20
30	0.84	70	17.14	30	0.86	70	17.62
31	0.90	71	18.66	31	0.92	71	19.26
32	0.98	72	20.34	32	1.00	72	21.08
33	1.06	73	22.20	33	1.10	73	23.16
34	1.14	74	24.30	34	1.18	74	25.50
35	1.24	75	26.56	35	1.28	75	28.14
36	1.32	76	29.18	36	1.36	76	31.18
37	1.40	77	32.06	37	1.44	77	34.62
38	1.48	78	35.20	38	1.54	78	38.48
39	1.60	79	38.56	39	1.66	79	42.70
40	1.70	80	41.88	40	1.76	80	47.04
41	1.82	81	44.92	41	1.88	81	51.18
42	1.92	82	47.84	42	1.98	82	55.34
43	2.04	83	50.94	43	2.10	83	59.98
44	2.14	84	53.70	44	2.22	84	64.42
45	2.28	85	55.90	45	2.34	85	68.50
46	2.40	86	58.56	46	2.48	86	73.40
47	2.54	87	60.78	47	2.62	87	78.10
48	2.70	88	62.62	48	2.80	88	82.62
49	2.90	89	64.22	49	2.98	89	87.00
50	3.08	90+	65.14	50	3.18	90+	90.64
51	3.26			51	3.38		
52	3.48			52	3.60		
53	3.80			53	3.92		
54	4.10			54	4.24		
55	4.46			55	4.62		
56	4.86			56	5.02		
57	5.30			57	5.46		
58	5.78			58	5.94		
59	6.32			59	6.48		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 100 percent home health care benefit payout.